

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	44					

CLAIMS						
	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

★ MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS